

SERFF Tracking Number:	CHMU-125864443	State:	Arkansas
Filing Company:	Church Mutual Insurance Company	State Tracking Number:	EFT \$25
Company Tracking Number:	WC-15		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation Program		
Project Name/Number:	NCCI Item B-1411/		

Filing at a Glance

Company: Church Mutual Insurance Company

Product Name: Workers Compensation SERFF Tr Num: CHMU-125864443 State: Arkansas

Program

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: WC-15

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Authors: Melissa Lemke, Lynda Below

Disposition Date: 10/21/2008

Date Submitted: 10/20/2008

Disposition Status: Approved

Effective Date Requested (New): 04/01/2009

Effective Date (New): 04/01/2009

Effective Date Requested (Renewal): 04/01/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: NCCI Item B-1411

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: B-1411

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/21/2008

State Status Changed: 10/21/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Church Mutual Insurance Company would like to adopt NCCI's Item B-1411 - Revision to Basic Manual Introduction - Application of Manual Rules and Part Two - Classifications. This item filing proposes to clarify and enhance NCCI's Basic Manual for Workers' Compensation and Employers Liability Insurance by taking the following action:

Introduction--Application of Manual Rules--remove the language outlining how additions and removal of text within the

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manual is displayed, and revise the language regarding NCCI's Classification Inspection Program

Part Two--Classifications--include additions that will make the manual more user-friendly and easier to understand

Part Four--Classifications Pending--create this new section to assist with pending classification changes

We are a countrywide workers' compensation carrier and as such, are requesting an April 1, 2009, effective date in order to be consistent in all states.

Company and Contact

Filing Contact Information

Lynn Reichelt, Director--Casualty Lines	lreichelt@churchmutual.com
3000 Schuster Lane	(715) 539-4749 [Phone]
Merrill, WI 54452	(715) 539-4409[FAX]

Filing Company Information

Church Mutual Insurance Company	CoCode: 18767	State of Domicile: Wisconsin
3000 Schuster Lane	Group Code:	Company Type: P&C
PO Box 357		
Merrill, WI 54452	Group Name:	State ID Number:
(715) 536-5577 ext. [Phone]	FEIN Number: 39-0712210	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	State Requirement
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Church Mutual Insurance Company	\$25.00	10/20/2008	23333379

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<i>Product Name:</i>	<i>Workers Compensation Program</i>		
<i>Project Name/Number:</i>	<i>NCCI Item B-1411/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/21/2008	10/21/2008

<i>SERFF Tracking Number:</i>	<i>CHMU-125864443</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Workers Compensation Program</i>		
<i>Project Name/Number:</i>	<i>NCCI Item B-1411/</i>		

Disposition

Disposition Date: 10/21/2008

Effective Date (New): 04/01/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	CHMU-125864443	State:	Arkansas
Filing Company:	Church Mutual Insurance Company	State Tracking Number:	EFT \$25
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation Program		
Project Name/Number:	NCCI Item B-1411/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	10/21/2008
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Comments:

Attachment:

AR - PC TD-1.pdf

Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	10/21/2008
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Bypass Reason: Not Applicable.

Comments:

Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Approved	10/21/2008
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Bypass Reason: Not Applicable.

Comments:

Satisfied -Name:	Cover Letter	Review Status:	Approved	10/21/2008
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Comments:

Attachment:

AR-WC-15.pdf

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
	N/A				N/A
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
Church Mutual Insurance Company	Wisconsin	18767	39-0712210		

5. Company Tracking Number	WC-15
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Lynn Reichelt 3000 Schuster Lane Merrill, WI 54452	Director-Casualty Lines	715-539-4749	715-539-4409	lreichelt@churchmutual.com
7. Signature of authorized filer		<i>Lynn A. Reichelt</i>		
8. Please print name of authorized filer		Lynn Reichelt		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Workers Compensation Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 04-01-2009 Renewal: 04-01-2009
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	B-1411
18. Company's Date of Filing	October 21, 2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # WC-15

21. **Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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We are a countrywide workers' compensation carrier and as such, are requesting an April 1, 2009, effective date in order to be consistent in all states.

[View Complete Filing Description](#)

22. **Filing Fees** (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1. This filing transmittal is part of Company Tracking #	WC-15
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2. This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

3. Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a. Rate Change by Company (As Proposed)

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Church Mutual Insurance Co	0.00%	0.00%	0.00	361	541,334	0.00%	0.00%

4b. Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6. Overall percentage of last rate revision	
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7. Effective Date of last rate revision	
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8. Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



Listening. Learning. Leading.®

October 21, 2008

HONORABLE JULIE BENAFIELD BOWMAN
COMMISSIONER OF INSURANCE
ARKANSAS DEPARTMENT OF INSURANCE
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

RE: Church Mutual Insurance Company's Rule Filing
Adoption of NCCI's Item B-1411 - Revision to Basic Manual Introduction - Application
of Manual Rules and Part Two - Classifications
Effective: April 1, 2009
Filing No. WC-15

Dear Commissioner Bowman:

Church Mutual Insurance Company would like to adopt NCCI's Item B-1411 - Revision to Basic Manual Introduction - Application of Manual Rules and Part Two - Classifications. This item filing proposes to clarify and enhance **NCCI's Basic Manual for Workers' Compensation and Employers Liability Insurance** by taking the following action:

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We are a countrywide workers' compensation carrier and as such, are requesting an April 1, 2009, effective date in order to be consistent in all states.

If you have any questions, please feel free to contact me at (800) 554-2642, select Option 4, and enter Extension 4749, or you may e-mail me at lreichelt@churchmutual.com.

Sincerely,

A handwritten signature in black ink that reads "Lynn A. Reichelt".

Lynn A. Reichelt, AIC
Director--Casualty Lines

DDJ:jlh

Enclosure: \$25 Filing Fee

3000 Schuster Lane, P.O. Box 357, Merrill, WI 54452-0357

715.536.5577 800.554.2642 fax: 715.539.4650

www.churchmutual.com

National Customer Service Center: P.O. Box 505, Merrill, WI 54452-0505 800.554.2642 fax: 715.539.2938

Claims: P.O. Box 342, Merrill, WI 54452-0342 800.554.2642 fax: 715.539.4651